13806

PLACE OF DEATH

Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No...

[It d occurred in institution. a hosnita give its ME instead nd number. 1

MEDICAL CERTIFICATE (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION State yrs. mos. ds.

If more blanks are needed, address State Reylstrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertuken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "An oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 7 1918
BUKEAU. V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Co	PLACE OF DEATH 1380%	STATE OF MARYLAND CERTIFICATE OF DEATH
	11.00	. Registration Dist. No.
Vil	2FULL NAME WOOD (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR DR RACE ARRIED, WIDOWED, ORDINORED GRIPGORE (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h
7 AC		and that death occurred on the date stated above, at first m,
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
8 0	yrs	
(a)	Trade, profession, or	- fulfilled the second of the
	General nature of Industry.	Vac Rum
bus	iness, or establishment in ch employed (or amployer)	(Duration)mosds.
	RTHPLACE (State or country)	GontributorySecondary
	10 NAME OF FATHER	(Signed) & Stallow Defeloperal Tegishers
NTS	11 BIRTHPLACE OF FATHER (State or country)	SCI 13, 1913 (Address) [Billow Wei]
ARENTS	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 -	13 BIRTHPLACE OF MOTHER (State or country) Marylaces	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds Where was disease contracted.
	Informant)	If not at place of death? Former or usual residence.
15	Och 14 Est Succession	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STATEMENT OF BURIAL 20 UNDERTAKER ADDRESS
File	SCA REGISTRAR	Recipterell Toplars her
	II more blanks are needed, address State Regist	trar, 6 E. Panklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Causepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencialnjury, as fracture of skull, and consequences (e. g., childblrth or miscarriage as "Puerperal scotichac-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



PERMANENT XX Ö DIN

'n

RECORD

STATE OF MARYLAND Very CERTIFICATE OF DEATH should OCCUPATION Registration Dist. No PHYSICIANS St:.....Ward) ot street and number.] ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 3 SFY 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at ... 1 day 2 hrs. properly 6 OCCUPATION (a) Trade, protession, or AGI particular kind of work. (b) General natura of industry, ed. pe business, or establishment in iddns may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER 80 0 terms, n back 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME OF MOTHER TAL, SUICIDAL, OF HOMICIDAL. plain instructions information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) State DEATH Where was disease contracted. KNOWLEDGE if not at place of death? 0 Former or OF Item usual residence Every item CAUSE OF important. DATE OF BURIAL 15 ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No 1

It death occurred in

1913

(Year)

a hospital or institution,

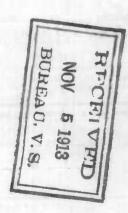
give its NAME instead

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional ilne is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinocaeum, etc., Carcinocae

by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Chronic Interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-acct-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



-Every item of information should be carefully/supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN N. B.

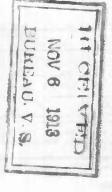
Village or City Barstow (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 57 St.; Ward) St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Blain (Wille the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE OR MIN. ? OR MIN. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary) (Ouration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. Where was disease contracted, If not at place of death?
(Informant) Column Curles (Address) Cololina May 15 Filed Color 2 8, 191 3 Associated	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Carrale Church 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Iliof persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maran thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acct-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for "Coilapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or Intercurrent) Aiways qualify all diseases resulting "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 ds. "Exhaustion, Never repor



DEATH

Every item CAUSE OF Important. S

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Very

OCCUPATION

STATE OF MARYLAND CERTIFICATE OF DEATH

		40
Registration	Dist.	No.

......Ward)

Ilf death occurred in a hospital or Institution. give its NAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH	DX.	16	1013
***************************************	(Month)	(Day)	., 1913. (Year)
TA / I HEREBY	CERTIFY, That I	ttended dec	eased from
SEPT 16 191	3 , to 007	16	, 1918
hat I last saw h allv		5.	, 1913.
nd that death occurred on	the date stated a	bove, at	Pm
he CAUSE OF DEATH + W	as as follows:		
Typhrid	yever		
10			

	(Duration)	yrs.	mos ds.
Contributory.	Continue	d here	whaq
(Secondary)	bowels (Duration	\ NO.	
00	(Duration)) yıs	mos. AC as.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

1			
	18 LENGTH OF RESIDENCE (FOR	HOSPITALS, INSTITUTIONS,	TRANSIENTS
ı	At place	In the	

State yrs. mos. Where was disease contracted.

If not at place of death?

REGISTRAR

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. As exam (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted the same death of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalis and control of the death of

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Item OF

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certificate.

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See instructions

Important. Every It

Very

OCCUPATION

statement

[It death occurred in

(Year)

ADDRESS

17 more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

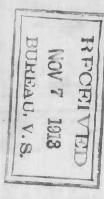
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekecpers Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industy; and therefore an been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. first line will be snfficient, e. g., tion is very important, so that the relative dealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Bpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "Pueepenal peritonitis," etc. State cause for chlidbirth or miscarriage, as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." "Senile," etc.), "Dropsy," "Exhanstion," may be stated under the head (Recommendations on statement of "Tacmla," "Weakness," (name origin; "Can Examples:



RECORD PERMANENT EATH in plain O Every Item CAUSE OF Important.

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13812 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.;....Ward) a hospital or Institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX MARRIED WIDOWED (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which ampioyed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. mos. Where was disease contracted. 14 THE ABOVE ISTAU If not at place of death? Former or usual residence REMOVAL DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

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sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "l'unnement septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Keart failure," "Haemorrhage," "Inaultion," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless Important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can-Examples: 9

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 7 1918
BUREAU. V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

PLACE OF DEATH 13813	STATE OF MARY	LAND
County Calvert	CERTIFICATE OF	DEATH
)	Registration Dist.	No. 57
Village or City Leries Creed (No	St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead
FULL NAME Touthe Some		of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, MIDOWED, ORDIVORCED (Write the word)	(Month) 16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I att.	(Day), 191.3.
6 DATE OF BIRTH	Feb 2 , 191.5., to Sept	2 5 , 1913
(Month) (Day) (Year)	that I last saw have alive on alive on	25 ,1913
3 8 yrs. — mos. — ds. 15 LESS than 1 day,hrs. 02 min. ?	and that death occurred on the date stated abo	ve, atm,
6 OCCUPATION (a) Trade, protession, or Hoccamparticular kind of work	miliae Regurgele	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)y	rsds.
9 BIRTHPLACE (State or country)	(Secondary) (Duration)	re mae de
10 NAME OF Joseph William	(Signed) My 7 Ling	, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISMASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	eaths from Violent
of Mother Surah Williams 13 BIRTHPLACE OF MOTHER (State or country)		YIS MOS ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Daniel Janes	Where was disease contracted, It not at place of death? Former or	9 dem 0 000 10 10 000 10 10 10 10 10 10 10 10
(Address) Parker creek		TE OF BURIAL
Filed Cef 28, 1919 Andring REGISTRAR	0.0	DRESS
/ If more blanks are needed, address State Registra		1.

STATE OF MARYLAND

13813

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulmine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis

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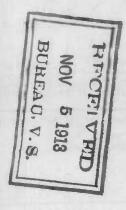
VIIIage or City	PLACE OF DEATH 13814	STATE OF MARYLAND
Village or City No. Marlboro (No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL PARTICULARS	County Calvert	C4
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE MONOTED MON	4 20 11	Registration Dist, No.
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE & SINGLE, MARRICO, MARGICO, MARGICO, MARGICO, MOONTO, MOONT	Village or City No. Marlbord (No	a nospital of institution
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Lingly Willow Work of Write the word) B DATE OF BIRTH B DATE OF BIRTH B DATE OF BIRTH D DATE OF	FULL NAME Katie Belle	Journal of street and number.]
Tourals While manufactor (Write the word) B DATE OF BIRTH D DATE OF BIRT	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH Sph. (Month) (Day) (Year) TAGE If LESS than 1 day, hrs. 9 OCCUPATION (a) Trede, profession, or particular kild of work. (b) Several nature of industry. Which amployed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PM Jones 11 BIRTHPLACE (State or country) 10 TO NAME OF FATHER COUNTRY) 11 BIRTHPLACE (State or country) 12 Iz MAJDEN NAME OF FATHER COUNTRY) 13 BIRTHPLACE OF MOTHER COLD NOT	MARRIED, Suigle	(Month) (Day) (Year)
TAGE If EES ham 1 Gay, hrs. 1 Gay, hr	BDATE OF BIRTH Supt. 15 1890	Dept 12 1915, to Sept 20 1913
The CAUSE OF DEATH* Was as follows: Contributory Contributory	(Month) (Day) (Yéar)	that I last saw II
(a) Trede, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 16 Filed. Oth. 16 1813 E. H. DYMILLIAUL PLACE OF BURIAL OR REMOVAL AND PLACE OF BURIAL AND PLACE	1 day,hrs.	
(b) General nature of industry, business, or establishment in which ambjoed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER JAM Jones (Signed) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME (State or country) 13 BIRTHPLACE (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	(a) Trede, profession, or The Hornel	Tulmonary Tuberculvees
Contributory (Secondary) (Signed)	(b) General nature of industry, business, or establishment in	
(Signed) Symmetry former forme	9 BIRTHPLACE	(Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 Miner was disease contracted, (Informant) (Address) 17 PLACE OF BURIAL OR REMOVAL (Address) 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, (I not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS M. N. Steetcheise M. W. Stee	10 NAME OF JM Jones	(Signed) E.N. Himman, M. D
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Add	of Father (State or country)	(Address) - Four The Ortors M
AT place of death yrs. mos. ds. State yrs, mos, ds. State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Pred Jones Jones (Informant) Pred Jones Mere was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 115 Filed Oth 16 1913 E H Driverau Registrar Pr. N. Orbeitchier Not Harmony	12 MAIDEN NAME Ella Norfolk	
(Informant) Spec Jones Jones If not at place of death? Former or usual residence (Address) Lower Mariboro Mid 19 Place of Burial Or REMOVAL DATE OF BURIAL 16 Filed Oct. 16, 1913 E H Driverau Registrar 17 N. Obetchice N Mt Harmony	13 BIRTHPLACE	of death yrs mos ds. State yrs mos, ds
(Address) Lower Marlboro, ned 19 place of Burial or REMOVAL DATE OF BURIAL OF Filed Oct 16 1913 E H Deiner Church P.E. Oct 17, 1813 Piled Oct 16 1813 E H Deiner Registrar M. N. Obertchine Not Harmony	me Consel	If not at place of death?
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13815 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St .: Ward) a hospital or Institution, give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE STIGLE, 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH , 191....., to. that I last saw h..... alive on (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 4.300 t dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs. ____ mos. __ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF It not at place of death? Former or (Informant). usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

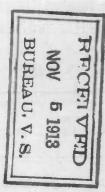
If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

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Very state CERTIFICATE OF DEATH should Registration Dist. No PHYSICIANS shou fif death occurred in St.:....Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Statement 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) if LESS than 7 AGE 1 day,hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in may which employed (or employer) Contributory..... certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER (Signed) 0 50 terms, n back 11 BIRTHPLACE PARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Ę At place In the OF MOTHER of death yrs. mos. State yrs. ____ mos. ___ _ ds. DEATH Where was disease contracted. If not at place of death? Jo Item 9 usual residence portant. CAUSE DATE OF BURIAL 16 20 UNDERTAKER 129 ADDRESS REGISTRAR ż

If popre blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. statement. it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

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cause of death approved by Committee on Nomencia injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the wbich surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. cbildbirth or miscarriage, as "Pureperal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As ample: Mcasics (disease causing death), 29 de.: uant neoplasins); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of .. Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



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,	Registered No.
Village or Ci y Olarings (No	St; Ward) [If death occurred a hospital or institution give its NAMK instead of street and number.]
2 FULL NAME Care Linds	-Sou Trigge
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
911ale Polored Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17) I HEREBY GERTIFY, That I attended deceased from
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw h 1919 alive on OCT SD 1913
7 AGE If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at /- Property of the CAUSE, OF DEATH * was as follows:
8 OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry,	221610
business, or establishment in which employed (or employer) PRINTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs mos o
10 NAME OF GEO Sam, Riggo 11 BIRTHPLACE	(Signed) (Signed) (Address) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Patric Anderson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 SIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the ot death
(Informant) Servey S Riggs	It not at place of death? Former or usual residence.
Filed Oct. 22, 1913 Sept Sec - REGISTRAR	19 PLACE OF BURIAL OR REMOVAL MA. Hope, Curreting Ust 22, 1913 20 UNDERTÂKER M. Destoning Mr. Kerpenne
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Ilf death occurred la

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CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH ,50 Registered No. . It death occurred in St:....Ward) a hospital or Institution, give Its NAME Instead of street end number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 191. MARRIED, WIDOWED. (Year) (Month) · (Day) ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) M'car) :(Month) 7 AGE It LESS then and that death occurred on the date stated above, at f : day,hrs. The CAUSE OF DEATH * was as follows: OR 7 yrs. ____mos. BOCCUPATION (a) Trade, protession, or particular kind of work... (b) Seneral asture of industry. business, or establishment in (Duretion)yrs....mos..... which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) ARENTS 11-BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State yrs. ot deeth yrs. mos. ds. Where was disease contracted, it not st place of deeth?..... Former or usuel residence DATE OF BURIAL ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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